

Records Transfer and Receipt

Complete and send this form to the appropriate Federal Records Center. 36 CFR 1228.160 (e) requires a separate SF 135 for each individual records series being transferred.

1. TO: (Complete the address for the records centers serving your area as shown in CFR 1228.160(f))

FEDERAL RECORDS CENTER

2. AGENCY TRANSFER AUTHORIZATION: (title, signature and date, if required by your agency):

3. AGENCY CONTACT INFORMATION: (name, office and commercial telephone no):

4. AGENCY CONTACT EMAIL ADDRESS (please print clearly):

5. FROM (enter name and complete mailing address of the office transferring the record):

6. STRATIFIED CODE (if applicable):

INFORMATION ABOUT THE RECORDS:

7. TRANSFER NUMBER

a. RG

b. FY

c. NUMBER

8. VOLUME

(Cubic Feet)

9. DISPOSITION AUTHORITY

(schedule and item)

10. DISPOSITION DATE

(MM/YYYY)

11. FREEZE CODES

	(if applicable)
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12. RESTRICTIONS

a. Security Classification:
T, S, or C

b. RD or FRD	
(see	
Instructions)	

c.	Access
	Restriction

**13 A.
AGENCY
BOX
NUMBERS**

13 B. SERIES DESCRIPTION (include the closing or ending date for the records)

		Records Center use only:	

If these are unscheduled records, please provide the date you notified NARA in writing: _____

COMPLETED BY RECORDS CENTER PERSONNEL:

14. LOCATION:

15. SHELF PLAN:

17. RECORDS CENTER RECEIPT: Records Received by (Signature and Date)

16. CONTAINER TYPE: